Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012288	A. BUILDING: _____ B. WING _____	C 04/11/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAMPLIGHT INN OF FORT WAYNE	300 E WASHINGTON BLVD FORT WAYNE, IN 46802

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for Investigation of Complaint IN00126861. Complaint IN00126861 - Substantiated. No deficiencies related to the allegations are cited. Survey date: April 11, 2013. Facility number: 012288 Provider number: 012288 AIM number: NA Survey team: Christine Fodrea, RN, TC Census bed type: Residential: 103 Total: 103 Census payor type: Medicaid: 26 Other: 77 Total: 103 Sample: 3 Lamplight Inn was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint number IN00126861. Quality Review 04/11/13 by Lisa McColly	R 000		